## PART B - FEE(S) TRANSMITTAL

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| appropriate. All further ndicated unless correcte maintenance fee notificate   | correspondence including ded below or directed other   | g the Patent, advance or<br>erwise in Block 1, by (a                         | ders and notification of mail specifying a new corresponding a new corresponding to the corre | naintenance fees will be a<br>pondence address; and/or  | mailed to the current c<br>(b) indicating a separ-                       | orrespondence address as ate "FEE ADDRESS" for                                   |
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| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  F  |  |  |  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.   |  |  |
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| COLLARD & ROE, P.C.<br>1077 NORTHERN BOULEVARD<br>ROSLYN, NY 11576   |  |  |  | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |  |  |
| •  |  |  |  | (Depositor's name)  |  |  |
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|  |  |  |  |   |  | (Date)   |
| APPLICATION NO.  | FILING DATE  |  | FIRST NAMED INVENTOR   | ATTO  | RNEY DOCKET NO.  | CONFIRMATION NO.   |
| 10/588,040   | 10/588,040 02/21/2007  |  | Wolfgang Radkowitsch   |   |  | 3662   |
| TITLE OF INVENTION: DRILL, AND DRILLING METHOD   |  |  |  |   |  |  |
|  |  |  |  |   |  |  |
|  | COLLAND TO TOTAL   | ISSUE FEE DUE  | PUBLICATION FEE DUE  | PREV. PAID ISSUE FEE  | TOTAL FEE(S) DUE   | DATE DUE   |
| APPLN. TYPE  | SMALL ENTITY   |  |  | \$0   | \$1810   | 10/19/2010   |
| nonprovisional   | NO   | \$1510   | \$300  | <b>3</b> О  | \$1010   | 10/19/2010   |
| EXAMINER   |  | ART UNIT   | CLASS-SUBCLASS   |   |  |  |
| HOWELL, DANIEL W 3726 408-059000   |  |  |  |   |  |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys  |  |  |  |   |  |  |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Or agents OR, alternatively,  (2) the name of a single firm (having as a member a  |  |  |  |   |  |  |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  |  |  | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.   |   |  |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  |  |  |  |   |  |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  |  |  |  |   |  |  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OF COLLETED OF   |  |  |  |   |  |  |
| Schoeller-Bleckmann Oilfield Technology GmbH & Co. KG Ternitz, Austria   |  |  |  |   |  |  |
| Please eneck the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔀 Corporation or other private group entity 🛄 Government  |  |  |  |   |  |  |
| 4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   |  |  |  |   |  |  |
| Issue Fee DA check is enclosed.  |  |  |  |   |  |  |
| Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.  Physication Fee (No small entity discount permitted)  Physication Fee (No small entity discount permitted)  Physication Fee (No small entity discount permitted)  Physication Fee (No small entity discount permitted) |  |  |  |   |  |  |
| The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number () (enclose an extra copy of this form).   |  |  |  |   |  |  |
| 5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFK 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  |  |  |  |   |  |  |
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| interest as shown by the   | records of the United Sta  | ates/Patent and Trademark  | k Office.  |   | 2 . 7 . /  | 6  |
| Authorized Signature Date 7-22-10  |  |  |  |   |  |  |
| Typed or printed name  |  |  |  |   |  |  |
| an application. Comilete<br>submitting the complete<br>this form and/or suggest<br>Box 1450, Alexandria, Virginia 20   | thanky is governed by 3. the application form to the tions for reducing this but Virginia 22313-1450. Do 313-1450. | e USPTO. Time will vary<br>urden, should be sent to the<br>ONOT SEND FEES OR | y depending upon the indiv   | vidual case. Any commen<br>er, U.S. Patent and Trade<br>O THIS ADDRESS. SEN   | its on the amount of tin<br>mark Office, U.S. Depa<br>D TO: Commissioner | ne you require to complete urtment of Commerce, P.O. For Patents, P.O. Box 1450, |